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APPLICANTS

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**** CONTINUING DATA *******

STH

**** FOREIGN APPLICATIONS *******

STH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

**** 10/29/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	Allowance <i>[Signature]</i> Examiner's Signature	Initials <i>STH</i>	STATE OR COUNTRY MO	SHEETS DRAWING 7	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
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TITLE

Garment for preventing a baby from rolling over

FILING FEE RECEIVED 438	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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